



**CLEAR outpatients 2023/2024**

## **NHS Derby and Derbyshire**

Reducing outpatient follow-up appointments, improving access and shorter waiting times

### **AT A GLANCE CLEAR CHALLENGE**

A huge increase in demand, long waiting times, patient pathways not understood, the need for better staff training and patient education

### **KEY CHANGES**

Women's health hubs with specialist clinicians, menopause training for HCPs, extra clinics to increase smear test uptake, standardised treatment and referral pathways

### **FORECAST BENEFITS**

Improved access to services, shorter waiting times and a reduction in secondary care referrals of 48%-90%

### **THE CHALLENGE**

NHS England commissioned CLEAR to deliver a system-wide women's health transformation programme in Derbyshire to provide more personalised care and reduce outpatient follow-up (OPFU) appointments. Two primary care networks (PCNs) took part, Erewash Health Partnership and PCCO, alongside University Hospitals Derby and Burton NHS Foundation.

Menopause attendances had increased by up to 320% between 2018-2023 and appointment durations were insufficient. Long waits for hospital appointments meant there was a high volume of repeat primary care visits. Secondary care time was often taken up with advice and procedures which could be managed in primary care. Patient pathways were not well understood leading to misaligned two week wait referrals and there was a need for better patient education on menopause.

### **WHAT THEY DID**

The national CLEAR team interviewed 49 staff from the two PCNs and the trust. The findings were combined with analysis of 65,314 patient records - covering 1.9 million primary care appointments - and 17,878 hospital attendances over five years to understand the key challenges and develop new ways of working.

## CLEAR RECOMMENDATIONS

Women's health hubs could be set up with clinicians available for full assessment and management of patients with menopause symptoms and heavy bleeding (menorrhagia). The hubs could include gynaecologist outreach advice and treatment clinics, and a pharmacist with specialist knowledge of women's health. A new clinical nurse specialist role could be created for additional menopause clinics in the community and extra nurses trained to manage coil fittings.

Health care professionals in the PCNs could receive menopause training - with menopause champions introduced. Group consultations for menopause patients could be introduced at Erewash and patients given links to educational menopause workshops and videos. Measures to increase smear test uptake could include evening and pop-up clinics in hard-to-reach areas. Referral pathways could be improved and a standardised treatment pathway for menorrhagia developed.

## FORECAST IMPACT

The recommendations would create collaboration across the system, increase the range of services offered, improve access to services across both primary and secondary care and provide quicker, better patient care.

Waiting times, appointments and misaligned referrals would all be reduced. Patients would have better knowledge and expectations about treatment options and there would be improved access to coil fittings in primary care. GP appointments for coil insertions and menopause symptoms could be reduced by 50%. It's projected the recommendations could lead to up to 48% reduction in secondary care referrals for menorrhagia and 90% reduction in menopause referrals.

The forecast system-wide opportunity savings, including secondary care cost avoidance, after implementing the new model of care are up to £365,000. The workforce cost for the new model of care across both Erewash and PCCO is estimated to be £166,488 and includes additional services such as in-reach from secondary care specialists.

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